

VERIFICATION SUMMARY/RECORDKEEPING

Date Selected: _____

Selection Method:

Response Due: _____

☐ Error Prone☐ Random

Second Notice Sent: _____

☐ Focused

Date Reduction/Termination Notice Sent: _____

SNAP/TANF/FDPIR Household Confirmed:

Income Household:

☐ SNAP/TANF/FDPIR Office

Income/Frequency: \$ _____

☐ Direct Verification☐ Wage Stubs☐ Written Documents☐ Collateral Contacts☐ Agency Records☐ Other: _____**Not Confirmed:**☐ Eligibility not confirmed**Verification Result:** Attach another sheet if more space is needed.☐ No Change ☐ Reduced to Free ☐ Free to Reduced ☐ Ineligible

Family members affected and date change is made: _____

Name/Date

_____	_____	_____
Name/Date	Name/Date	Name/Date

Reason for Change:☐ High Income☐ SNAP/TANF/FDPIR Eligibility Not Confirmed☐ Refused to Cooperate☐ Other☐ N/A**Comments:**

Signature of Verifying Official: _____

Date: _____